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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorneys:

Steve G. Baker, Brett J. Carter, Stefan J. M. Kraemer,
Clifton A. Alferness, John M. Adams

Title: TISSUE FIXATION DEVICES AND A TRANSORAL
ENDOSCOPIC GASTROESOPHAGEAL FLAP VALVE
RESTORATION DEVICE AND ASSEMBLY USING SAME

Serial No.: 10/783,717

Filing Date: February 20, 2004

Examiner/Unit: Natalie R. Pous / 3731

Attorney Docket No.: 2234-3-3

TRANSMITTAL LETTER

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 5th day of June, 2007.

Kelly Pedersen
Signature

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

 The fee has been calculated as shown below:

XX No additional claim fee is required.

Computation of Fee
For Claims as Amended

<u>Claims Remaining After Amendment</u>		<u>Highest Number Previously Paid for</u>	<u>Present Extra</u>	<u>Rate</u>	<u>Addl. Fee</u>
Total Claims	14	Minus	114 =	0 x \$50/\$25 =	\$-0-
Independent Claims	4	Minus	5 =	0 x \$200/\$100 =	\$-0-
Total additional fee for this amendment					\$-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

- ____ Check No. _____ in the amount of \$__ for the additional claim fee is enclosed.
- ____ Charge \$_____ to Deposit Account No. _____. A copy of this sheet is enclosed.
- XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP



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AMENDMENT AND RESPONSE TO OFFICE ACTION

June 5, 2007

TO THE COMMISSIONER FOR PATENTS:

This is in response to the final Office Action dated April 17, 2007, for the above-identified application. Please amend the application as indicated below.